

GENERAL CONTRACTORS



9200 - 118TH AVE. S.E. SUITE 1000  
P.O. BOX 5707  
BELLEVUE, WA 98009  
206746-1000

**FAX MEMO**

From: (206) 746-3737

Date: February 18, 1997From: Eric Jones (957-2130)Company: King County AirportRe: American Avionics StockpileAttn: Jeff WintersJob #: 96-093Fax #: 296-0190Pages Accompanying: 3

Jeff,

Please see the following revised proposal to export the stockpiled materials to the location north of the runway. We faxed your hold harmless language to our attorney and he has responded with the attached. There is no costs included for his fees. If the proposal and indemnification language are acceptable to you please sign and date both of them and fax them back. We need to provide direction to the earthwork contractor before 12:00 noon today if we are going to attempt to do this work tomorrow.

Thank you for your help. Please call Loch Anderson.

Eric Jones

GENERAL CONTRACTORS



3280 - 118TH AVE. S.E., SUITE 1000  
P.O. BOX 3787  
BELLEVUE, WA 98008  
206/746-1000

**Hold Harmless Agreement  
American Avionics  
Job #96-092**

King County is the owner of land located at the King County Airport which is under the management of the King County Airport Agency. Certain soils excavated in the course of construction may be contaminated. King County has employed Foushee & Associates to transport and stockpile approximately 1,100 cubic yards of such soil from the Kihlstrom building site at 7031 Perimeter Road to the stockpile site selected by the King County Airport Manager. King County Airport shall hold Foushee & Associates, Inc. and its agents, employees and officers harmless from any claims arising out of the transporting and stockpiling of such soil on February 28, 1997, originating from the Kihlstrom building site and also from any claims arising out or relating to any further contamination of the disposal site, except for any gross negligence by Foushee & Associates, its agents, employees or officers in the safe handling of this material. The selection of the stockpile site, as well as the method of stockpiling, shall be under the direction of King County Airport and the maintenance and further disposal of such soil shall not be the responsibility of Foushee & Associates.

\_\_\_\_\_  
Signature of Acceptance  
King County Airport

\_\_\_\_\_  
Title

\_\_\_\_\_  
Dated

GENERAL CONTRACTORS



500 - TENTH AVE SE, SUITE 100  
PO BOX 87  
BELLEVUE WA 98003  
206/461-1000

Jeff Winter

**Hold Harmless Agreement  
American Avionics  
Job #96-092**

King County is the owner of land located at the King County Airport which is under the management of the King County Airport Agency. Certain soils excavated in the course of construction may be contaminated. King County has employed Foushee & Associates to transport and stockpile approximately 1,100 cubic yards of such soil from the Kihlstrom building site at 7031 Perimeter Road to the stockpile site selected by the King County Airport Manager. King County Airport shall hold Foushee & Associates, Inc. and its agents, employees and officers harmless from any claims arising out of the transporting and stockpiling of such soil on February 28, 1997, originating from the Kihlstrom building site and also from any claims arising out of relating to any further contamination of the disposal site, except for any gross negligence by Foushee & Associates, its agents, employees or officers in the safe handling of this material. The selection of the stockpile site, as well as the method of stockpiling, shall be under the direction of King County Airport and the maintenance and further disposal of such soil shall not be the responsibility of Foushee & Associates.

\_\_\_\_\_  
Signature of Acceptance  
King County Airport

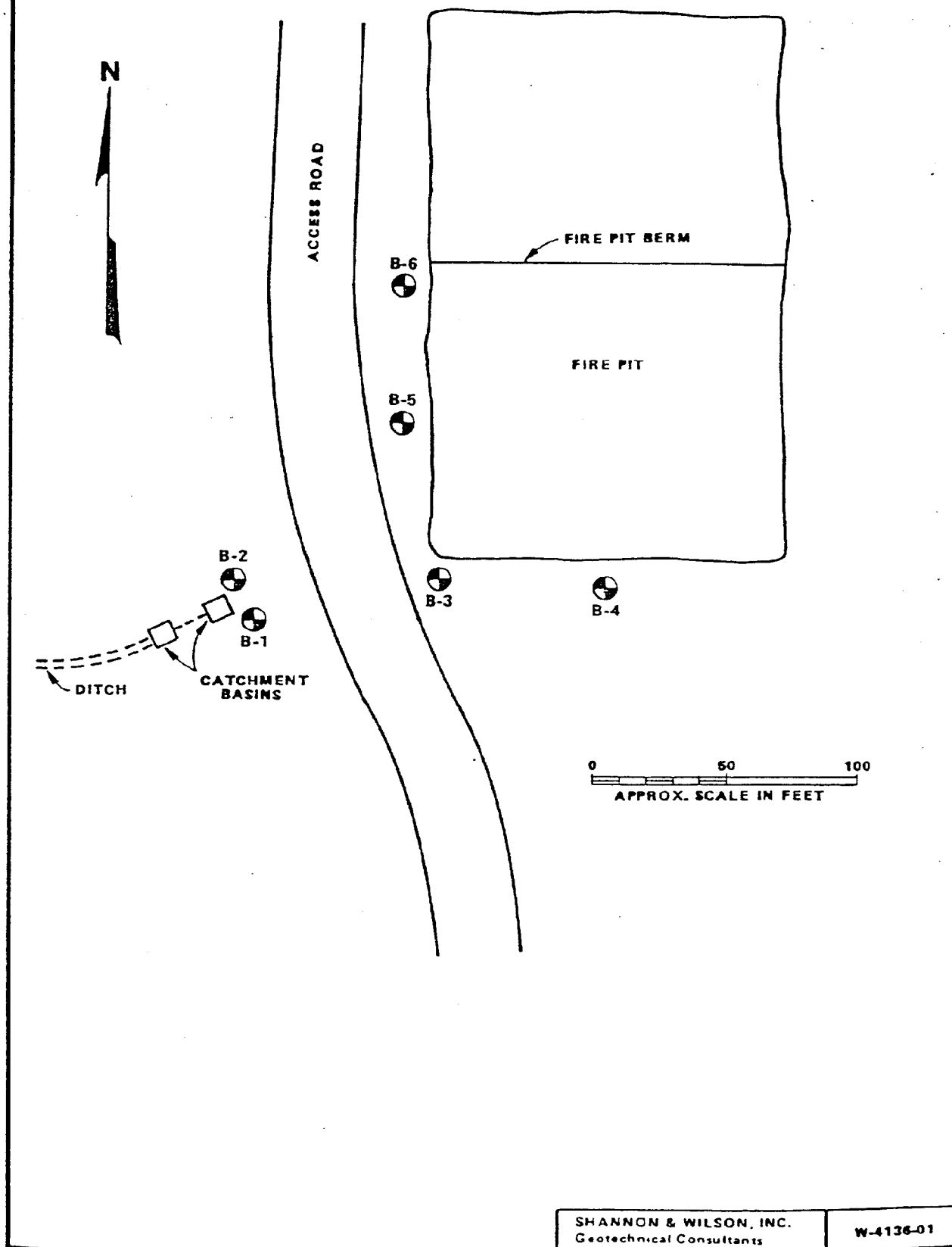
\_\_\_\_\_  
Title

\_\_\_\_\_  
Dated

LOOKS FINE  
KETA MITCHELL  
2-27-97

0190

FIGURE 1. SOIL BORING LOCATION MAP, NORTH BOEING FIELD FIRE PRACTICE PIT



Perth ~~from their liability~~ ~~from anything~~  
~~future contamination~~  
OK but get their comments 320

however, from their liability relating to  
further contamination of the new stockpile  
location at the north end of the airport as a result of  
their transparency and stockpiling

# BID

# CLIPPER

# PROPOSAL

**Bld Date**

2-26-97

**EXCAVATING INC**

re  
KING CO. INTERNATIONAL AIRPORT  
Address  
P.O. Box 80245  
City State Zip  
SEATTLE WA 98108  
Name Phone Fax  
JEFF WINTER 296-7380 296-0190  
Job Location  
KING CO AIRPORT - SEATTLE WA

### Bid Breakdown

| Item | Description   | Amt *                |
|------|---|----------------------|
|      | FURNISH ALL LABOR, MATERIAL AND EQUIPMENT TO LOAD, HAUL AND STOCKPILE 1100 CUBIC YARDS OF SOIL MATERIAL FROM THE KIALSTROM BUILDING SITE TO A SITE IN THE NORTH CLEAR ZONE OF AIRPORT |                      |
|      | \$12 <sup>00</sup> PER CUBIC YARD<br>X 1100 CUBIC YARD  |                      |
|      | Lump Sum Bid  | 13,200 <sup>00</sup> |

*d Items do not include WSST, if applicable!*

ites:

WORK TO BE COMPLETED BEFORE 3/3/97

**clusions:** Permits, contaminated soil cleanup, dewatering, installing, relocating or repairing any underground utilities, inspections, grade settings or controls, bonds, over-excavation, shoring, engineering, saw-cutting, erosion control.

**Thank you for requesting our bid!!**

10740 Myers Way S. • Seattle, WA 98168 • (206) 241-0827



KCSlip4 61504

SEA429869



King County  
International Airport  
Department of  
Construction & Facilities Management  
P.O. Box 80245  
Seattle, WA 98108  
(206) 296-7380  
(206) 296-0100 TDD  
(206) 296-0190 FAX

FAX TRANSMITTAL COVER SHEET

FOR FAX (206) 296-0190

DATE: 2-26-97 NO. OF PAGES 5  
INCLUDING COVER  
TO: Terry Gaston FAX # 767 2771  
Gaston Brothers Excavator  
FM: Jeff Winter PHONE: 296-7380  
RE: Kihlstrom Soils Disposal

ADDITIONAL COMMENTS:

Please give a price to do with maybe some  
break out for trucking, plastic & half bales work,  
and cleanup.

Work would have to be done before Monday  
March 3, 1997



KIHLMSTROM SOIL DISPOSAL WORK  
KING COUNTY INTERNATIONAL AIRPORT

I. SCOPE OF WORK

Furnish all necessary labor, materials, and equipment to lead, haul and stockpile about 1000 cubic yards of soil material from the Kihlstrom building site to a site in the north clear zone as described herein.

II. DESCRIPTION OF WORK

Load the relatively clean soil material (about 1000 cubic yards) from the existing stockpile located at the Kihlstrom building site, 7031 Perimeter Road), and transport it to the new stockpile site in the north clear zone on King County International Airport as shown on the attached sketches. Place the material about 24" deep onto a minimum of 8 mil thick visqueen material with 12" lapped seams. Cover the soil with similar visqueen and berm edges with hay bales as needed. Clean up roadways and haul routes as needed. Hazardous material workers shall be used where appropriate to handle the soil material which contains up to 400 mg / kg TPH-O (heavy oil range hydrocarbons). The Airport Engineer will stake the disposal site in the field.

III. BASIS FOR PAYMENT

The work shall be paid for on a lump sum basis for the work completed as specified and as accepted by King County.

IV. COUNTY REQUIREMENTS

The Contractor shall submit the following documents to King County:

1. Personnel Inventory Report Form
2. ADA / 504 Disability Assurance of Compliance and Corrective Action Plan
3. Declaration of M/WBE Status
4. Certificate of Insurance

On contracts of twenty-five thousand dollars or less including Washington State Sales Tax, King County will, in lieu of a performance bond, retain fifty percent of the contract amount for a period of thirty days after the date of final acceptance, or until receipt of all necessary releases from the Washington State Department of Revenue and the Department of Labor and Industries and settlement of any liens filed under Chapter 60.28 RCW, whichever is later.



The attached General Conditions of the Contract shall apply to this work.

The attached Close-out Procedures Checklist shall be followed for the release of the 5% retainage which will be withheld by King County until all releases of liens and the appropriate state agency releases have been obtained.

JWW:je

Attachments

BOEING FIELD/  
KING COUNTY  
INTERNATIONAL  
AIRPORT

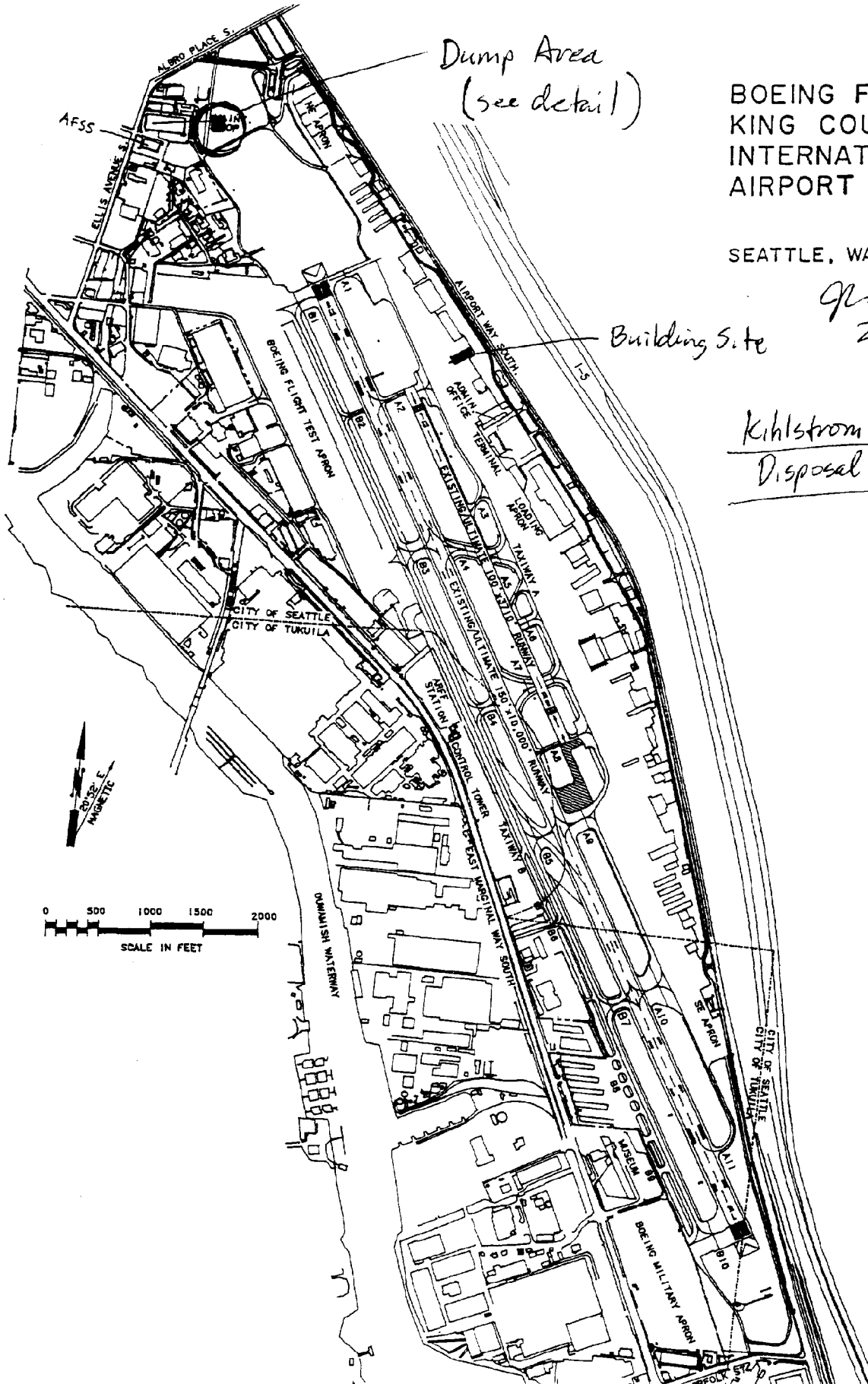
SEATTLE, WASHINGTON

*q/v*  
2-24-97

Building Site

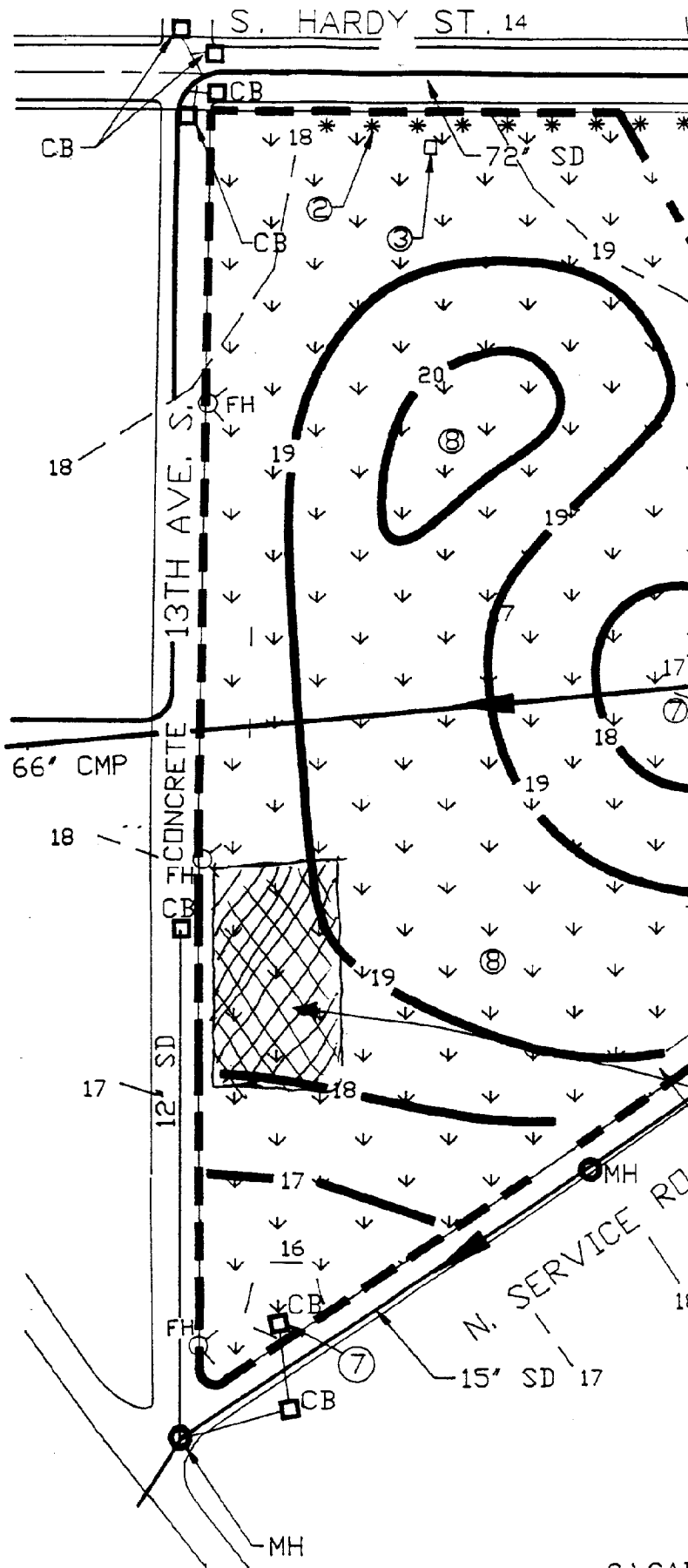
Kohlstrom Soil  
Disposal Site

Dump Area  
(see detail)



KCSlip4 61508

SEA429873



NORTH END  
EARTHWORK & GRADING  
KING COUNTY  
INTERNATIONAL AIRPORT

4-27-95 1"=100'

PAGE 2

2-24-97 *grunter*

*Kihlstrom Soil  
Disposal Site*

*Stockpile Site  
2' high ± plastic under  
& over, hay bales as needed*

LEGEND

- EXIST CONTOUR
- ~~---~~ <sup>EXIST</sup> CONTOUR
- GRADING LIMIT

C:\CAD\AIRCRAFT\APRON\NEGRAD.DWG

KCSlip4 61509

SEA429874



King County  
International Airport  
Department of  
Construction & Facilities Management  
P.O. Box 80245  
Seattle, WA 98108  
(206) 296-7380  
(206) 296-0100 TDD  
(206) 296-0190 FAX

FAX TRANSMITTAL COVER SHEET

FOR FAX (206) 296-0190

DATE: 2-26-97 NO. OF PAGES 24  
INCLUDING COVER  
TO: Dan Hayes FAX # 392-9902  
JR Hayes  
FM: Jeff Winters PHONE: 296-7380  
RE: Kihlstrom Soils Disposal

ADDITIONAL COMMENTS:

Please give me a price to do the work with some breakout  
for trucking, plastic & hay bale work and cleanup  
Work would have to be done before Monday,  
March 3, 1997

call me, 296.7425 Thanks



KIHLSSTROM SOIL DISPOSAL WORK  
KING COUNTY INTERNATIONAL AIRPORT

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JWW:je

Attachments

Dump Area  
(see detail)

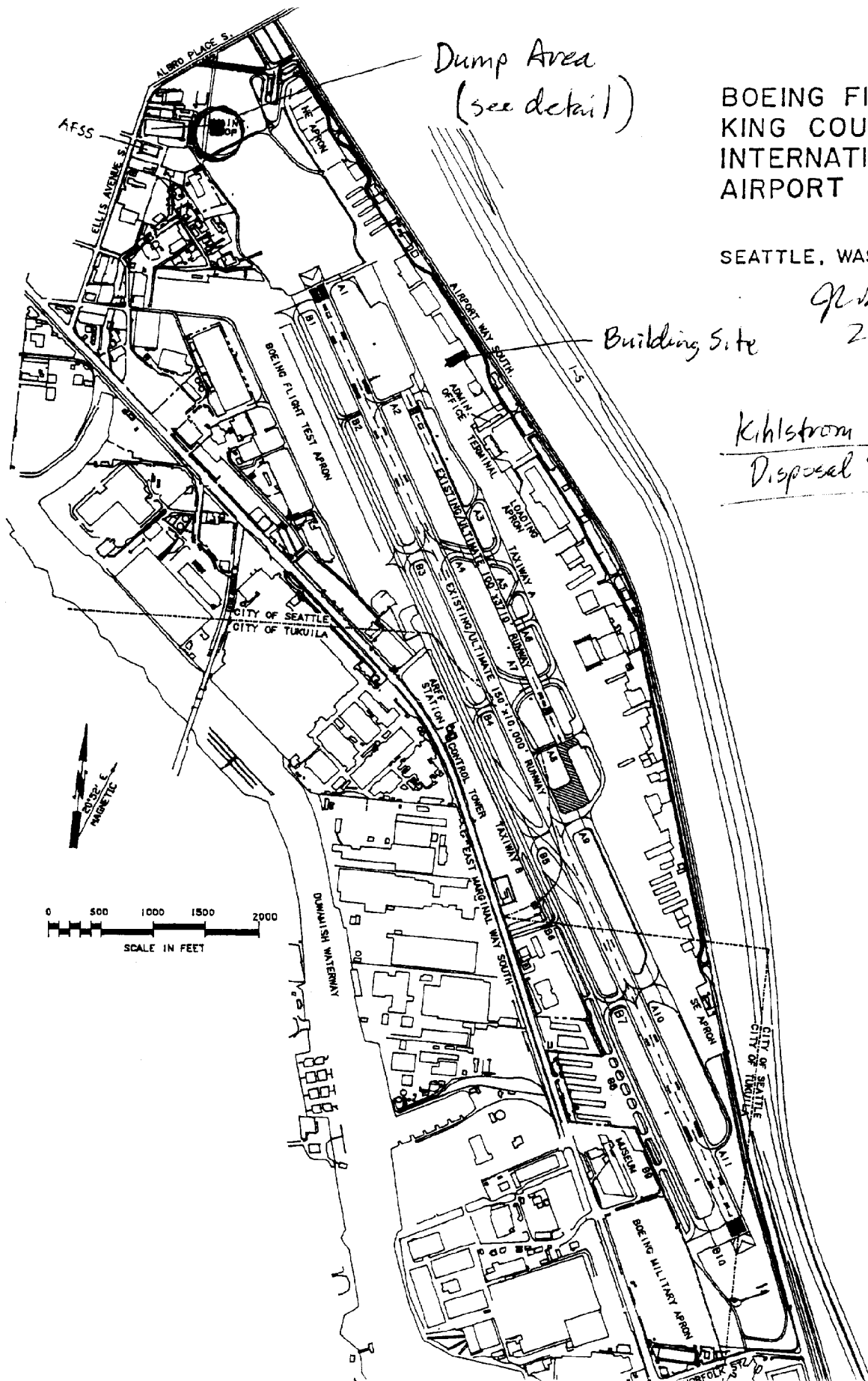
# BOEING FIELD/ KING COUNTY INTERNATIONAL AIRPORT

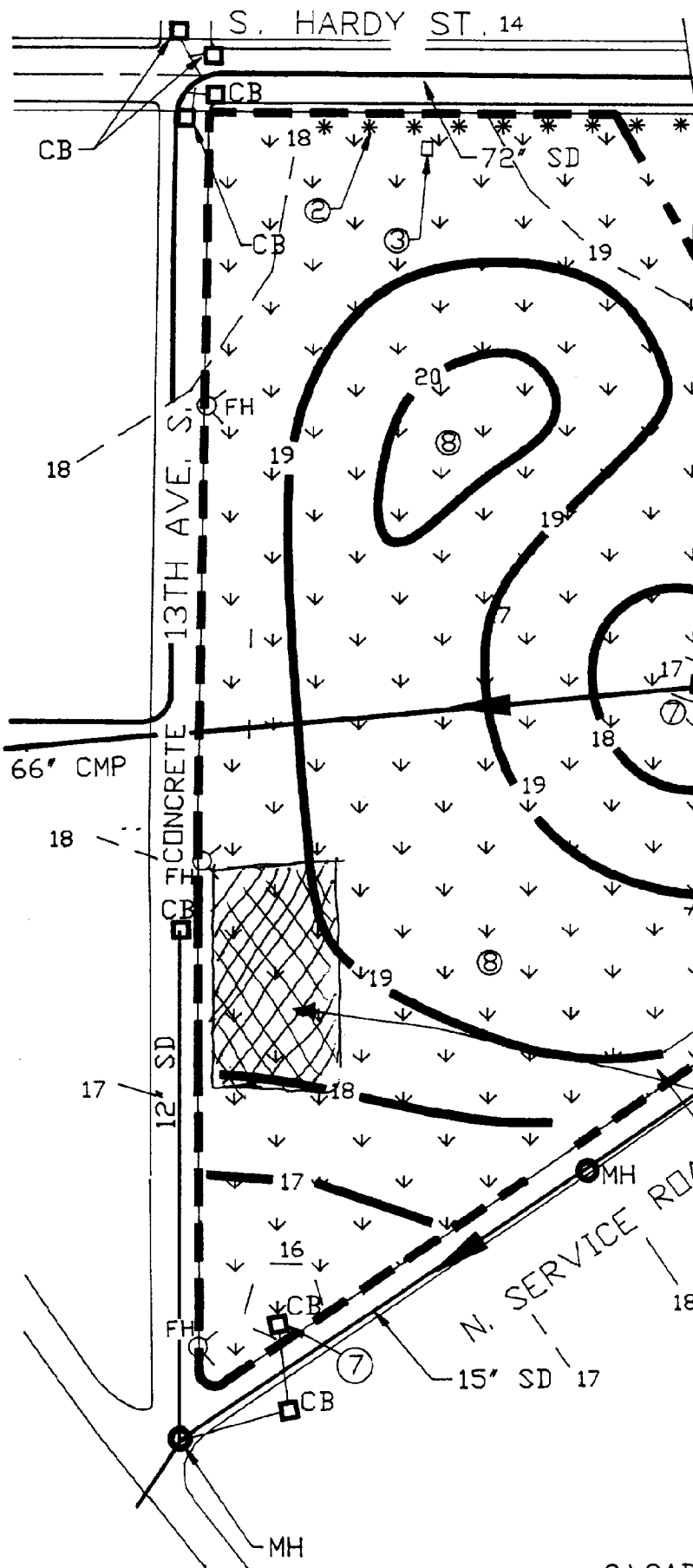
SEATTLE, WASHINGTON

*Q. L. Minter*  
2-24-97

Building Site

Kohlstrom Soil  
Disposal Site





NORTH END  
EARTHWORK & GRADING  
KING COUNTY  
INTERNATIONAL AIRPORT

1-27-95 1"=100'

PAGE 2

2-24-97 *Quintus*

*Kohlstrom Soil  
Disposal Site*

*Stockpile Site  
2' high ± plastic under  
& over, hay bales as needed*

LEGEND

- EXIST CONTOUR
- ~~EXIST~~ NEW CONTOUR
- .- GRADING LIMIT

C:\CAD\AIRCRAFT\APRON\NEGRAD.DWG

KCSlip4 61514

SEA429879



## **CONTRACTOR'S LIABILITY INSURANCE (Continued)**

### **A. Insurance Requirements:**

By the date of execution of this Contract, the Contractor shall procure and maintain for the duration of this Contract insurance against claims for injuries to persons or damages to property which may arise from, or in connection with the performance of work hereunder by the Contractor, its agents, representative, employees, and/or subcontractors. The cost of such insurance shall be paid by the Contractor.

### **B. For All Coverage's**

Each insurance policy shall be written on an "Occurrence" form only.

### **C. Minimum Scope of Insurance**

Coverage shall be at least as broad as:

#### **1. General Liability**

Insurance Services Office form number (CG 00 01 Ed. 11-88) covering Commercial General Liability.

#### **2. Automobile Liability**

Insurance Services Office form number (CA 00 01 Ed. 12-90) covering Business Auto Coverage, symbol 1 "any auto"; or the combination of symbols 2, 8, & 9.

#### **3. Workers' Compensation**

Workers' Compensation coverage, as required by the Industrial Insurance Act of the State of Washington.

The Contractor is advised that work on or adjacent to water may require insurance coverage in compliance with:

- a. Longshore and Harbor Workers Compensation Act (administered by the U.S. Department of Labor)
- or-
- b. State Industrial Insurance (administered by the Washington State Department of Labor)
- or-
- c. Both.

#### **4. Employers Liability or "Stop-Gap"**

The protection provided by the Workers' Compensation policy Part 2 (Employers Liability) or, in states with monopolistic state funds, the protection provided by the "Stop Gap" endorsement to the General Liability policy.

## MINIMUM SCOPE OF INSURANCE (Continued)

### 5. Umbrella or Excess Liability

When Umbrella and/or Excess Liability policies are used in connection with primary underlying General Liability policies to meet the required limits of liability, the Umbrella and/or Excess Liability policies shall be in force concurrently with the primary insurance policy, have the same expiration date, and provide coverage as broad as the primary policy, with a "drop down" provision.

### 6. Products and Completed Operations Coverage

The Contractor shall procure and maintain, during the life of this Contract, "Products and Completed Operations" coverage for the protection against bodily injury and property damage claims arising from this hazard, at a limit acceptable to the County.

### D. Minimum Limits of Insurance (Project Specific - Verify with Risk Management)

The Contractor shall maintain limits no less than, for:

1. General Liability: \$ 1,000,000 combined single limit per occurrence for bodily injury, personal injury, and property damage, and for those policies with aggregate limits, a \$ 2,000,000 aggregate limit.
2. Automobile Liability: \$ 1,000,000 combined single limit per accident for bodily injury and property damage.
3. Workers' Compensation: Statutory requirements of the State of residency.
4. Employers Liability or "Stop gap" coverage: \$ 1,000,000.
5. Umbrella or Excess Liability Coverage: \$ \_\_\_\_\_.
6. Products and Completed Operations: \$ \_\_\_\_\_.

### E. Other Insurance Provisions

The insurance policies required in this Contract are to contain, or be endorsed to contain, the following provisions:

1. The County, its officers, officials, employees, and agents are to be covered as additional insureds as respects: liability arising out of activities performed by or on behalf of the Contractor in connection with this Contract.
2. To the extent of the Contractor's negligence, the Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees, and agents. Any insurance and/or self-insurance maintained by the County, its officers, officials, employees, or agents shall not contribute with the insurance of the Contractor who is the Named Insured or benefit the Contractor as the Named Insured in any way.
3. The Contractor's insurance shall apply separately to each insured against whom a claim is made and/or lawsuit is brought, except with respect to the limits of the insurer's liability.
4. Coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except for the reduction of the aggregate by paid claims until after forty-five (45) days prior written notice, return receipt requested, has been given to the County.

## **1.08 Contractor's Liability Insurance (Continued)**

### **F. Other Contract Provisions**

#### **1. Deductibles and Self-Insured Retentions**

Any deductibles or self-insured retentions must be declared to, and approved by, the County. The deductible and/or self-insured retention of the policies shall not limit or apply to the Contractor's liability to the County and shall be the sole responsibility of the Contractor.

#### **2. Acceptability of Insurers**

- a. Insurance is to be placed with insurers with a Best's rating of no less than A:VIII, or, if not rated with Best's, with minimum surpluses the equivalent of Best's surplus size VIII.
- b. If at any time of the foregoing policies shall be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy shall be or become unsatisfactory to the County, the Contractor shall, upon notice to that effect from the County, promptly obtain a new policy, and shall submit the same to the County, with the appropriate certificates and endorsements, for approval.

#### **3. Verification of Coverage**

The Contractor shall furnish the County with certificates of insurance and bind coverage on its behalf. The certificates and endorsements for each insurance policy are to be on forms approved by the County and are to be received and approved by the County prior to the commencement of activities associated with this Contract. The County reserves the right to require complete, certified copies of all required insurance policies at any time.

#### **4. Subcontractors**

The Contractor shall include all subcontractors as insureds under its policies, and/or shall furnish separate certificates of insurance and policy endorsements for each subcontractor as evidence of compliance with all insurance requirements of this Contract.

#### **5. Work Site Safety**

The Contractor shall have the "right to control" and bear the sole responsibility for the job site conditions, and job site safety. The Contractor shall comply with all applicable Federal, State, and Local safety regulations governing the job site, employees, and subcontractors. The Contractor shall be responsible for the subcontractor's compliance with these provisions.

#### **6. Property Insurance - County Provided Builders' Risk Coverage**

The Contractor will be added as an additional insured to the County's property policy for the purposes of Builders' Risk coverage; however, the Contractor will be responsible for the County's property policy deductible (currently \$25,000).

|          |   |                      |
|----------|---|----------------------|
| PRODUCER | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |                      |
| PHONE    | <u>COMPANIES AFFORDING COVERAGE</u>   | <u>BEST'S RATING</u> |
| INSURED  | COMPANY   |                      |
|          | LETTER <u>A</u>   |                      |
|          | COMPANY   |                      |
|          | LETTER <u>B</u>   |                      |
| PHONE    | COMPANY   |                      |
|          | LETTER <u>C</u>   |                      |
|          | COMPANY   |                      |
|          | LETTER <u>D</u>   |                      |

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS  |                            |
|--------|--|---------------|----------------------------------|-----------------------------------|---|----------------------------|
|        | GENERAL LIABILITY<br>[ ] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS MADE [ ] OCCUR.<br>[ ] OWNER'S & CONTRACTOR'S PROT.<br>[ ] PER PROJECT [ ] PER LOCATION:<br>GENERAL AGGREG. \$ _____<br>[ ] DEDUCTIBLE \$ _____ [ ] OCCURRENCE<br>[ ] CLAIM<br>ANY LIMITING ENDORSEMENTS<br>[ ] YES [ ] NO (EXPLAIN "YES" ON BACK) |               |                                  |                                   | GENERAL AGGREGATE<br>EACH OCCURRENCE  | \$                         |
|        | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS<br>[ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS<br>[ ] NON-OWNED AUTOS<br>[ ] GARAGE LIABILITY<br>[ ] DEDUCTIBLE \$ _____  |               |                                  |                                   | COMBINED SINGLE<br>LIMIT<br>BODILY INJURY<br>(Per Person)<br>BODILY INJURY<br>(Per Accident)<br>PROPERTY DAMAGE | \$<br>\$<br>\$<br>\$<br>\$ |
|        | [ ] EXCESS LIABILITY<br>[ ] UMBRELLA FORM<br>[ ] OTHER THAN UMBRELLA FORM  |               |                                  |                                   | EACH OCCURRENCE<br>AGGREGATE  | \$<br>\$                   |
|        | WORKER'S COMPENSATION<br>AND<br>EMPLOYERS' LIABILITY (STOP GAP)  |               |                                  |                                   | STATUTORY LIMIT<br>EACH ACCIDENT<br>DISEASE-POLICY LIMIT<br>DISEASE-EACH EMPLOYEE                               | \$<br>\$<br>\$<br>\$       |
|        | OTHER  |               |                                  |                                   |   |                            |

ADDITIONAL PROVISIONS. THIS IS TO CERTIFY THAT THE INSURANCE POLICIES LISTED ABOVE, WHERE APPLICABLE, HAVE BEEN ENDORSED TO ADD KING COUNTY, ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE ACTIVITIES OF, WORK PERFORMED, AND/OR PRODUCTS PRODUCED BY OR ON BEHALF OF THE NAMED INSURED RELATIVE TO THE CONTRACTUAL RELATIONS BETWEEN THE NAMED INSURED AND KING COUNTY, ET AL.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

|  |                                  |
|--|----------------------------------|
| CERTIFICATE HOLDER   | KING COUNTY, WASHINGTON          |
|  | (Division/Department)            |
|  | (Address)                        |
|  | (City, State, Zip)               |
|  | (Project Manager) P/O Contract # |
| <p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY MUST PROVIDE NOT LESS THAN 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, (EXCEPT FOR NON-PAYMENT OF PREMIUM, 10 DAYS), PER RCW 48.18.290.</p> <p>SEE REVERSE SIDE</p> |                                  |

EXPLAIN ANY LIMITING ENDORSEMENTS: \_\_\_\_\_

THE FOLLOWING COVERAGE OR CONDITIONS ARE IN EFFECT:

|   |   |
|---|---|
| Additional Insured Endorsements Issued<br>Form Numbers:   | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Broad Form Liability (if ISO '73 CGL FORM)  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| The undersigned will mail to the County 45 days' written notice of cancellation, (except for non-payment, 10 days). | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Cross liability coverage or severability of interest provision  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Umbrella carrier notified of additional insured status (if applicable)  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Broad form property damage  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| X, C, U hazards included  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Contractual liability coverage applies to this contract subject to the limit of the insurance coverage afforded     | <input type="checkbox"/> YES<br><input type="checkbox"/> NO<br><input type="checkbox"/> N/A |
| Coverage afforded the County, its officers, officials, employees, and agents as additional insureds applies.        | <input type="checkbox"/> YES<br><input type="checkbox"/> NO                                 |

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED ABOVE HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

|                                |   |
|--------------------------------|---|
| Agency or Brokerage            | Insurance Company   |
| Address                        | Home Office   |
| Name of Person to be Contacted | Authorized Signature _____ Date _____   |
| Telephone Number               | NOTE: Authorized signatures may be the agent's if agent has placed insurance through an agency agreement with the insurer. If insurance is brokered, authorized signature must be that of an official of insurer. |

cert11-92

KCSlip4 61519

SEA429884



**King County  
Department of Executive Administration**

**Purchasing Agency**  
620 King County Administration Building  
500 Fourth Avenue  
Seattle, Washington 98104

# Personnel Inventory Report

Revised 7/92

Legal Name of Business \_\_\_\_\_ Telephone No. \_\_\_\_\_

Also Doing Business as (DBA) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DO ANY OF YOUR EMPLOYEES BELONG TO A UNION AND/OR DO YOU USE AN EMPLOYEE REFERRAL AGENCY?**  
**YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If yes, list the unions and/or employee referral agencies with whom you have agreements:

If you expect to do more than \$10,000 worth of business with King County, the unions or employee referral agencies must submit a statement of compliance with King County Code Chapter 12.16.

**DO YOU HAVE ANY EMPLOYEES? YES** \_\_\_\_\_ **NO** \_\_\_\_\_. If yes, list on the Employment Data Chart below the total number of employees for all businesses located in (1) King County. If none, list the total number of employees for all businesses located in (2) Washington State. If none, list the total number of employees for all businesses located in the (3) United States. Indicate which locale (1, 2, 3) report covers: \_\_\_\_\_.

| Employment Data | Whites |   | African Americans |   | Asians |   | Native Americans |   | Hispanics |   | Handicap |   | Minority Sub-Total |   | Handicap Sub-Total |   |
|-----------------|--------|---|-------------------|---|--------|---|------------------|---|-----------|---|----------|---|--------------------|---|--------------------|---|
| Job Categories  | M      | F | M                 | F | M      | F | M                | F | M         | F | M        | F | M                  | F | M                  | F |
| Managerial      |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Professional    |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Technical       |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Clerical        |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Sales           |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Service         |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Labor           |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| On-Job Trainees |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Apprentice      |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| *Skilled Craft  |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
| Sub-Total       |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |

\*Journey worker: List by classification on reverse, e.g., carpenter, plumber, etc.

Total number of Employees Reported Above: \_\_\_\_\_ (If no employees, write ("0").)

This report covers Business Location(s) in (circle one): [King County, Washington State, Other States] for the Payroll Period ending (MONTH/DAY/YEAR): \_\_\_\_\_

IRS Employer Identification Number: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
name (print or type)

**Do not write below this line**

|    |          |    |    |        |                 |    |    |    |    |     |     |      |
|----|----------|----|----|--------|-----------------|----|----|----|----|-----|-----|------|
| AA | AFF DATE | CT | CC | VENDOR | CERTIFIED STAMP | CS | SM | SF | SH | PST | TCC | FPST |
|----|----------|----|----|--------|-----------------|----|----|----|----|-----|-----|------|

KCSlip4 61520

SEA429885



Supplemental Form

Legal Name of Business \_\_\_\_\_ Telephone No. \_\_\_\_\_

| Employment Data | Whites |   | African Americans |   | Asians |   | Native Americans |   | Hispanics |   | Handicap |   | Minority Sub-Total |   | Handicap Sub-Total |   |
|-----------------|--------|---|-------------------|---|--------|---|------------------|---|-----------|---|----------|---|--------------------|---|--------------------|---|
| Job Categories  | M      | F | M                 | F | M      | F | M                | F | M         | F | M        | F | M                  | F | M                  | F |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |
|                 |        |   |                   |   |        |   |                  |   |           |   |          |   |                    |   |                    |   |

ATTACH SUPPLEMENTAL FORMS AS NECESSARY TO REPORT THE TOTAL WORK FORCE.

Submitted By \_\_\_\_\_  
Name Title

Contact the King County Purchasing Agency at (206) 296-4210 or the King County Contract Compliance Office at (206) 296-7652 if you have any questions concerning completion of this form.



Instruction for completing the **ADA/504 Self-Evaluation Questionnaire** and **Corrective Action Plan** for King County Contractors.

1. First of all, **Don't Panic!**. This is not as difficult as you may think. Remember, the Americans with Disabilities Act of 1990, (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended, (504) require your **programs and services to be accessible**, not necessarily your physical facilities.
2. All organizations contracting with King County must fill out the **ADA/504 Self-Evaluation Questionnaire** and complete a **Corrective Action Plan**, if appropriate, except: Schools, universities, public entities, or contractors supplying tangible goods only.
3. Complete the **ADA/504 Self-Evaluation Questionnaire**. This stays in your office. This **does not get returned** with your contract.
4. If appropriate, complete the **Corrective Action Plan**. Keep a **copy** of this plan in your office, the **original** is returned with your contract.
5. Sign the **ADA/504 DISABILITY ASSURANCE OF COMPLIANCE** in front of a notary, make a **copy** for your files and send the **original** back with your contract. Once this form is signed by a representative of King County it can be used for two years from the date of the representative's signature.
6. If you are a **construction company** the "Quick Look" Barriers Checklist only pertains to your main office. Not your construction sites.
7. If you are an **independent consultant** or a **firm that provides services outside your office** you do not need to write a **Corrective Action Plan** for physical accessibility as long as your services are provided in an accessible location for persons with disabilities who can not access your office. Physical access must be reviewed in light of hiring an individual with a disability or accommodating a present employee who becomes disabled.
8. If a question does not apply to your business, answering not applicable is acceptable. If you are not sure if a question is applicable, call the County project manager or the ADA/504 Disability Compliance Specialist.
9. Attached for your information is a list of disability resources.
10. If you have any questions regarding this document contact your contracting County department or the ADA/504 Disability Compliance Specialist at (206)296-7705 or (206)296-7596 V/TTY(TDD) or Terry Koyano, Supervisor, M/WBE - Contract Compliance Division at (206) 689-3168 or TTY (206) 689-4665.



**ADA/504 SELF EVALUATION QUESTIONNAIRE  
FOR KING COUNTY CONTRACTORS**

General Information

Federal, State and local laws prohibit discrimination based on disability. The Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended, (504) require that King County and all organizations and firms contracting with King County, except schools, universities, public entities and those providing tangible goods, must comply with the ADA and 504 accessibility requirements.

ADA and 504 define disability as **anyone who has, has a history of, or is perceived as having a physical or mental impairment which substantially limits one or more major life activities**. Disabilities include, but are not limited to: mobility, visual, hearing, or speech impairments; mental illness, epilepsy, learning disability, brain injury, HIV/AIDS; arthritis, cerebral palsy, developmental disability, multiple sclerosis, and alcohol and/or drug addiction.

The **ADA/504 Self-Evaluation Questionnaire for King County Contractors** will assist you in evaluating your organization or firm's services and activities to ensure they are accessible to persons with disabilities. If your organization or firm is out of compliance with any of the ADA/504 requirements, you must develop a **Corrective Action Plan** indicating the corrective actions which will be taken to bring you into compliance and the date by which these actions will be completed. Corrective action plans must be detailed on the **ADA/504 Corrective Action Plan** form.

Once you have completed your organization or firm's **ADA/504 Self-Evaluation Questionnaire** and **Corrective Action Plan**, return the signed and notarized **ADA/504 Assurance of Compliance** and **Corrective Action Plan** to the contracting County department. Please keep your completed **ADA/504 Self-Evaluation Questionnaire** and a copy of the **ADA/504 Assurance of Compliance and Corrective Action Plan for King County Contractors** on file in your office for use during on-site reviews. You will be notified by King County's Office of Civil Rights and Enforcement (OCRE) or the Division of Minority/Women's Business Enterprise and Contract Compliance (M/WBE-CC) at least one week in advance of any scheduled review.

If you have any questions regarding this process or need the **ADA/504 Self-Evaluation Questionnaire and Corrective Action Plan for King County Contractors** in large print, audio cassette tape, or Braille, please contact OCRE's ADA/504 Disability Compliance Specialist at (206)296-7705 or (206)296-7596 V/TTY(TDD).

**ADA/504 SELF-EVALUATION QUESTIONNAIRE**

Contractor's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Service Provided:    ☐ Human Services    ☐ Consultant  
   ☐ Construction    ☐ Purchased Services  
   ☐ Architectural/    ☐ Concessions  
   Engineering    ☐ Other (explain)  
   \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Brief Description of Business: \_\_\_\_\_  
\_\_\_\_\_

Contracting County Department: \_\_\_\_\_

There are four major areas to consider when evaluating program and service accessibility: 1) **General Requirements**; 2) **Program Access**; 3) **Equal Employment Opportunity**; and 4) **Physical Accessibility**. In the following questions, "you", "your organization or firm", and "the Contractor" refer to the Contractor unless otherwise noted.

**GENERAL REQUIREMENTS**

**Please circle the appropriate answers. Pages 1-6 of this questionnaire are kept in your files. They are not returned with your contract.**

1. If your organization or firm employs 15 or more employees do you have a designated ADA/504 coordinator?    YES    NO    N/A    If so, who?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

2. Do you have an internal grievance procedure which incorporates due process standards and allows for quick and prompt solutions for any complaints based on noncompliance with ADA and 504? YES NO N/A
3. Does your organization or firm have a policy that provides for taking initial continuing steps to notify participants, beneficiaries, applicants, and employees, including those with vision and hearing impairments and unions and professional organizations holding collective bargaining or professional agreements that your organization or firm does not discriminate on the basis of disability? YES NO N/A
4. Has your organization or firm notified these individuals of your nondiscrimination policy?  
YES NO N/A
5. Does your organization or firm provide ongoing staff training to ensure that staff fully understand your policy of nondiscrimination on the basis of disability and can take all appropriate steps to facilitate the participation of individuals with disabilities in agency programs and activities, i.e. providing disability awareness training on an ongoing basis?  
YES NO N/A

Program Access

1. Does your organization or firm notify the public and other interested parties that agency meetings, board of director meetings, hearings, conferences, public appearances by elected officials, interviews, will be held in accessible locations and that auxiliary aids (sign language interpreters, readers) will be provided, upon request, to participants with disabilities?  
YES NO N/A
2. Does your organization or firm have a Telecommunication Device for the Deaf TTY(TDD) or do you use the Washington Telecommunications Relay Service to facilitate communication with individuals who use TTYs for communication purposes? YES NO N/A
3. Does your organization or firm provide ongoing training to familiarize appropriate staff with the operation of TDD's and other effective means of communicating over the telephone with persons with disabilities. YES NO N/A
4. Does your organization or firm make available, upon request, written material in alternate formats for persons who are print-disabled? Examples include, but are not limited to: Braille, audio cassette tapes, and large print. YES NO N/A
5. Are printed posters, announcements, and printed materials, including graphics, clearly legible and placed in physically accessible locations where small print can be read from a wheelchair?  
YES NO N/A

6. Do you have different disability groups on your mailing list for the purposes of information dissemination? YES NO N/A
7. Is your TTY number and procedures for accessing your services printed on all material distributed to the public? YES NO N/A
8. Do you have a policy and procedure for safely evacuating persons with disabilities from your facility(s) during an emergency? YES NO N/A

**Employment and Reasonable Accommodation**

1. When gathering affirmative action data regarding disabilities do you make it clear that; 1) the information requested is intended for use solely in connection with reporting requirements; 2) the information is voluntary; 3) the information will be kept confidential; and 4) refusal to provide or providing the information will not subject the applicant or employee to any adverse treatment? YES NO N/A
2. Does your organization or firm make pre-employment inquiries or conduct pre-employment medical examinations? YES NO N/A
3. If so, is the inquiry related to the applicant's ability to perform the job?  
  
YES NO N/A
4. Does your organization or firm condition offers of employment on results of these examinations? YES NO N/A
5. Does your organization or firm require this examination for all employees in this job classification? YES NO N/A
6. Are all applicants in the same job classification asked the same medical and/or interview questions? YES NO N/A
7. Information obtained concerning the medical condition or history of an applicant must be kept separate from personnel records and may be shared in only three ways: 1) supervisors and managers may be informed of restrictions on the work or duties of individuals with disabilities and informed of necessary accommodation(s); 2) first aid and safety personnel may be informed if the condition might require emergency treatment; and 3) government officials investigating compliance with the ADA and 504 shall be provided with relevant information upon request. Does your organization or firm have a written policy stating the above? YES NO N/A
8. Does your organization or firm make reasonable accommodation(s) to the known physical or mental limitations of otherwise qualified applicants or employees with disabilities?

YES NO N/A

### Physical Accessibility

After completing the "Quick Look" Barriers Checklist answer the following questions:

1. Is the building(s) where your business located barrier free? YES NO N/A
2. If you checked no to any of the items on the checklist would these areas prevent a person from accessing your program(s) or service(s)? YES NO N/A
3. If yes, describe on the **Corrective Action Plan** what steps will be taken to eliminate these barrier(s). If there are extenuating circumstances which would make barrier removal a financial or administrative burden please explain in the **Corrective Action Plan**.

### "QUICK LOOK" BARRIERS CHECKLIST

This checklist is designed to give businesses a quick appraisal of potential problem areas for accessibility. For detailed review standards contact the Access Board at 1-800-872-2253 V/TTY and/or obtain a copy of the Americans with Disabilities Act Access Guidelines for current specifications.

#### ITEM TO BE PERFORMED

YES NO

#### Building Access

- |  |     |     |
|--|-----|-----|
| 1. Are 96" wide parking spaces designated with a 60" access aisle? | ___ | ___ |
| 2. Are parking spaces near main building entrance?                 | ___ | ___ |
| 3. Is there a "drop off" zone at building entrance?                | ___ | ___ |
| 4. Is the gradient from parking to building entrance 1:12 or less? | ___ | ___ |
| 5. Is the entrance doorway at least 32 inches?                     | ___ | ___ |
| 6. Is door handle easy to grasp?                                   | ___ | ___ |
| 7. Is door easy to open (less than 8lbs. pressure)?                | ___ | ___ |
| 8. Are other than revolving doors available?                       | ___ | ___ |

#### Building Corridors

- |  |     |     |
|--|-----|-----|
| 1. Is path of travel free of obstruction and wide enough for a wheelchair? | ___ | ___ |
| 2. Is floor surface hard and not slippery?                                 | ___ | ___ |
| 3. Do obstacles (phones, fountains) protrude no more than four inches?     | ___ | ___ |
| 4. Are elevator controls low enough (48") to be reached from a wheelchair? | ___ | ___ |
| 5. Are elevator marking in Braille for the blind?                          | ___ | ___ |
| 6. Does elevator provide audible signals for the blind?                    | ___ | ___ |
| 7. Does elevator interior provide a turning area of 51" for wheelchairs?   | ___ | ___ |

#### Restrooms

- |   |     |     |
|---|-----|-----|
| 1. Are restrooms near building entrance/personnel office? | ___ | ___ |
|---|-----|-----|

- |  |     |     |
|--|-----|-----|
| 2. Do doors have lever handles?  | ___ | ___ |
| 3. Are doors at least 32" wide?  | ___ | ___ |
| 4. Is restroom large enough for wheelchair turnaround (51" minimum)?     | ___ | ___ |
| 5. Are stall doors at least 32" wide?                                    | ___ | ___ |
| 6. Are grab bars provided in toilet stalls?                              | ___ | ___ |
| 7. Are sinks at least 30" high with room for a wheelchair to roll under? | ___ | ___ |
| 8. Are sink handles easily reached and used?                             | ___ | ___ |
| 9. Are soap dispensers, towels, no more than 48" from floor?             | ___ | ___ |

Personnel Office

- |  |     |     |
|--|-----|-----|
| 1. Are doors at least 32" wide?  | ___ | ___ |
| 2. Is the door easy to open?   | ___ | ___ |
| 3. Is the threshold no more than 1/2" high?                                | ___ | ___ |
| 4. Is the path of travel between desk, tables wide enough for wheelchairs? | ___ | ___ |

**ADA/504 DISABILITY ASSURANCE OF COMPLIANCE  
and  
CORRECTIVE ACTION PLAN**

Complying with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans With Disabilities Act of 1990, two federal laws which prohibit discrimination against qualified persons with disabilities.

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**DEFINITIONS**

**"CONTRACTOR"** shall mean any contractor with King County Government, except for schools, universities, public entities, or those contractors supplying tangible goods and supplies.

**"CONTRACT"** shall mean any contract, purchase order, or agreement, except for those contractors supplying tangible goods with King County Government, hereinafter called the County.

**"REASONABLE ACCOMMODATION"** shall mean all efforts made too modify, change, or eliminate existing barriers denying persons with disabilities equal opportunity to benefit from the Contractor's programs, services or activities, except where to do so would cause an undue hardship or burden.

**"UNDUE HARDSHIP OR BURDEN"** is determined on a case by case basis using the following criteria: (1) size of the Contractor's program(s) with respect to the number of employees, number and type(s) of facilities and the size of the budget; (2) the type of operation, including the composition and structure of the work force; and (3) the nature and cost of the accommodation(s) needed.

**"DISABILITY"** is defined in the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, as amended, (504) as anyone who has, has a history of, or is perceived as having a physical or mental impairment that substantially limits one or more major life activities. This can include, but is not limited to: mobility, visual, hearing, or speech impairments; mental illness, epilepsy, learning disability, brain injury, HIV/AIDS; arthritis, cerebral palsy, developmental disability, multiple sclerosis and alcohol and drug addiction.

- A. The undersigned Contractor understands that discrimination in public accommodation and employment based solely on disability is prohibited by federal, state and local laws. In addition, the Contractor recognizes that Section 504 requires recipients of federal funds, be it direct or through subcontracting with a governmental entity receiving federal funds, to make their programs, services and activities, **when viewed in their entirety**, accessible to qualified and/or eligible persons with disabilities. The Contractor also recognizes that the ADA prohibits discrimination in public accommodation and employment based solely on disability regardless of the funding source. The undersigned Contractor agrees that it and all subcontractors will comply with the ADA and 504 requirements.
- B. The undersigned Contractor has completed the **ADA/504 SELF-EVALUATION QUESTIONNAIRE** to determine if it is discriminating against persons with disabilities in the areas of program services, facility access, employment policies and procedures, outreach efforts, or the provision of reasonable accommodation(s) to qualified/eligible persons with disabilities. Reasonable

accommodation is required in both program services and employment, except where to do so would cause an undue hardship or burden.

- C. The undersigned Contractor has developed a **CORRECTIVE ACTION PLAN** for all areas that are not in compliance with Section 504 and the ADA.
- D. The undersigned Contractor agrees to cooperate in any compliance review and to provide reasonable access to the premises of all places of business and employment, and to records, files, information and employees therein to King County's OCRC for reviewing compliance with Section 504 and ADA requirements.
- E. The undersigned Contractor agrees that any violation of the specific provisions and terms of the **ADA/504 DISABILITY ASSURANCE OF COMPLIANCE** and/or **CORRECTIVE ACTION PLAN** required herein and Section 504 and the ADA, shall be deemed a breach of a material provision of the contract between the County and the Contractor. Such a breach shall be grounds for cancellation, termination or suspension, in whole or in part, of the contract by the County or disqualification of the Contractor in future contracts.
- F. According to my responses to the questions in the **ADA/504 SELF-EVALUATION QUESTIONNAIRE** \_\_\_\_\_ (company name) is in compliance with the ADA and 504 .

\_\_\_\_\_ YES      \_\_\_\_\_ NO

- G. If no, the following corrective actions will be taken:

**Corrective Action Plan**

**General Requirements:**

Actions to be taken:

Completion Date

**Program Access:**

Actions to be taken:

Completion Date



**Employment and Reasonable Accommodation:**

Actions to be taken:

Completion Date

**Physical Accessibility:**

Actions to be taken:

Completion Date

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Contract #: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

**I Declare Under Penalty of Perjury Under the Laws of the State of Washington that the Foregoing is True and Correct.**

Contractor: \_\_\_\_\_  
Company/Organization Name

Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me

this \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of

\_\_\_\_\_  
Presiding at \_\_\_\_\_

**RECEIVED by:**

\_\_\_\_\_  
King County

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

DECLARATION OF M/WBE STATUS

In accordance with King County Code 4.18, in order to participate in King County's minority/women's business program, minority and women's businesses must be certified by the Washington State Office of Minority and Women's Business Enterprises, must be recognized by King County Office of Civil Rights and Compliance, and must have previously sought to do business within the geographic boundaries of King County prior to the time the bid or proposal is submitted.

I, \_\_\_\_\_, declare under the penalty of perjury under the laws of the State of Washington the following are true and correct:

- I am a resident of the State of \_\_\_\_\_ and am more than 18 years of age;
- I am certified by the Washington State of Minority and Women's Business Enterprises and my # is \_\_\_\_\_;
- I am recognized by the King County Office of Civil Rights and Compliance; and
- I have previously sought to do business within the geographic boundaries of King County, Washington.

I have read the foregoing and make this statement from my personal knowledge and am competent to testify thereto.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_,  
at \_\_\_\_\_, Washington.

\_\_\_\_\_  
OWNER/AUTHORIZED AGENT NAME (PRINT)

\_\_\_\_\_  
TITLE (PRINT)

\_\_\_\_\_  
OWNER/AUTHORIZED AGENT SIGNATURE

\_\_\_\_\_  
FIRM NAME (PRINT)

F:MWBES

KCSlip4 61533

SEA429898

APPENDIX C

---

## Field Procedures

2-26-97

Gaston Brink 241-0827

JK Hayes & Son 392-5722

767-2771

Fax

22430 SE 231st Maple Valley 98038  
(206) 392 9902

Jim

Dan Hayes  
President

mobile  
612-6610

in tomorrow thurs.

\$10-12 CY

5000

includes plastic  
\$1100 X 12 z

2 days \$13,200 + tax

KCSlip4 61535

SEA429900



King County  
International Airport  
Department of  
Construction & Facilities Management  
P.O. Box 80245  
Seattle, WA 98108  
(206) 296-7380  
(206) 296-0100 TDD  
(206) 296-0190 FAX

FAX TRANSMITTAL COVER SHEET

FOR FAX (206) 296-0190

DATE: 2-25-97 NO. OF PAGES 2  
INCLUDING COVER  
TO: ~~2-25-97~~ Keith Mitchell FAX # 296 0949  
Risk Management  
FM: Jeff Winter PHONE: 296-7380  
RE: Kohlstrom soils handling

ADDITIONAL COMMENTS:

Here's my draft told harmless language. Please  
review & comment. I read it to Kathryn Killinger  
and she thought it was OK but she wanted your  
comments.





King County  
International Airport  
Department of  
Construction & Facilities Management  
P.O. Box 80245  
Seattle, WA 98108  
(206) 296-7380  
(206) 296-0100 TDD  
(206) 296-0190 FAX

FAX TRANSMITTAL COVER SHEET

FOR FAX (206) 296-0190

DATE: 2-25-97 NO. OF PAGES 2  
INCLUDING COVER  
TO: Eric Jones FAX # 746-3737  
Forstee & Assoc  
FM: Jeff Winter PHONE: 296-7380  
RE: Kiblstrom soil

ADDITIONAL COMMENTS:

Would something like this hold harmless language  
work for you? I'm also asking for some comments  
from our Risk Manager but our attorney thinks its OK.  
If this would suffice and you would drop your attorneys'  
fees we'd have a deal on the price. We could  
probably go to a 3' high stockpile vs 2' but I  
don't see why you couldn't sample the new stockpile,  
at whatever depth you had.



**DRAFT**

*Airport Letterhead*

*on Feb. — 1997*

King County Airport shall hold Foushee' and Associates, Inc., and its agents, employees and officers harmless from the transporting and stockpiling of the 1100 cubic yards of slightly contaminated soil originating from the Kihlstrom building site at 7031 Perimeter Road relating to any further contamination of the disposal site except for any negligence by Foushee' and Associates, Inc., and its agents, employees and officers in the safe handling of this material.

Foushee and Associates, Inc.

King County Airport

\_\_\_\_\_  
Title: Date

\_\_\_\_\_  
Title: Airport ~~Engineer~~ Date

*Manager*



GENERAL CONTRACTORS

**FOUSHÉE**  
AND ASSOCIATES, INC.  
3260 - 118TH AVE. S.E., SUITE 1000  
P.O. BOX 3767  
BELLEVUE, WA 98009  
206/746-1000

**FAX TRANSMISSION**

From: (206) 746-3737

Date: February 24, 1997  
Company: KING CO. INTERNATIONAL AIRPORT  
Attention: Jeff Winters  
Fax #: 296-0190  
From: Eric Jones  
Re: American Avionics at Boeing Field  
Job #: 96-092  
Pages Accompanying Transmittal: 2

We are faxing the following: Foushée & Associates' letter of February 24, 1997  
Re: Soils Disposal

Additional Comments:



# MONITORING WELL GEOLOGIC & CONSTRUCTION LOG

PROJECT NUMBER

S22950.00

WELL NUMBER

NBF-M001

SHEET 1 OF 4

PROJECT BCAC - Five Pt Monitoring Wells LOCATION North Beeing Field

ELEVATION, NGVD (Top of Well Casing) 12.79' SURFACE ELEVATION, NGVD 13.45'

WATER LEVEL ELEVATION, NGVD 5.35' (8/27/87) START DATE 8/12/87 FINISH DATE 8/12/87

DRILLING CONTRACTOR Pacific Testing Laboratories DRILLING METHOD hollow stem auger

| DEPTH (FT) | SAMPLE       |       | GEOLOGIC LOG & USCS DESIGNATION  | HYDROLOGIC UNIT | WELL CONSTRUCTION   |
|------------|--------------|-------|--|-----------------|---|
|            | Recovery (%) | Blows |  |                 |   |
| 70         | 15-14-14     |       | Gravelly sandstone (ML/SM) grading to silty sand (SM) 1-1.5 ft.  | Vadose Zone     | <p>6" Steel Protective Casing w/ locking cover<br/>Concrete<br/>2" Sch 40 PVC Casing<br/>Flush Completion Motor Elev<br/>Concrete<br/>8x12 Gravel Sand - Drain Layer<br/>Choke<br/>Borehole<br/>Packer<br/>20x30 Gravel Sand<br/>10x20 Gravel Collector Sand<br/>2" Sch 40 PVC Screen 0.020" Slots<br/>2" Sch 40 PVC Sump<br/>10" Borehole<br/>Natural Formation Casing</p> |
| 50         | 2-3-2        |       | Event oil - ashers overlying reddish silty sand (SM)   |                 |   |
| 50         | 1-2-1        |       | Silty sand (SM) - brown to black layered with ashes (S.S - G.S ft)   |                 |   |
| 60         | 3-6-7        |       | Ashes layered with black sand/silt (ML/SM) grading to black, medium silty sand (SM) at approx. 8.5 feet            |                 |   |
| 100        | 1-3-3        |       | Sand - medium, black (SP)  | Aquifer         |   |
| 10         |              |       |  |                 |   |
| 10         | 1-2-1        |       | Sand - well graded (SW) fine to med interbedded with approx 3" of tight silt (ML) slightly sandy at approx 13 feet |                 |   |
| 50         |              |       | Sand - well graded to med. (SW) some coarse sand to 1/4" minus gravel  |                 |   |
| 15         |              |       |  |                 |   |
| 20         | 80           |       | Sand - poorly graded (SP) black  |                 |   |
| 20         |              |       | Heaving  |                 |   |
| 25         |              |       |  |                 |   |

$$4.75 \times 1060 = 5035$$

|                  |       |
|------------------|-------|
| cleanup          | 500   |
| plastic 2 manday | 640 ± |
| materials        | 500   |

---

6675

10% 668

\$ 7343

787  
8130

\$ 8267

↑ 715 ↑

\$ 500 for hold  
harmless